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Power of Attorney

Assignment with cover sheet

PATENT APPLICATION Attorney's Do. No. 2705-1160

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL MAILING LABEL NO. EL 301994417 US DATE OF DEPOSIT: NOVEMBER 29, 2000 I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231. EHREN RHEA (SENDER'S PRINTED NAME) (SIGNATURE) **Box Patent Application Assistant Commissioner for Patents** Washington, DC 20231 Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Inventor: Michael Joseph Wood, Teh-Wei David Chen, Yaan Mirng Jeffrey Chen and Sajjad Chaudhary For: CONFIGURABLE BASIC RATE INTERFACE [If continuing application] This application is a ___ continuation, ___ divisional, ___ continuation-in-part of prior application Serial No. , filed . Prior application info: Examiner: _____ Group Art Unit ____ Applicant requests FIG. ___ to be published with the application. **Enclosures:** Specification (pages 1-6); claims (pages 7-8); abstract (page 9) 2 sheets of FORMAL drawings Declaration or Combined Declaration and Power of Attorney Newly executed (original or copy) Copy from a prior application (37 CFR 1.63(d)) Incorporation by Reference--The entire disclosure of the prior application, from

Deletion of Inventors (signed statement attached deleting inventor(s) named in the

prior application (37 CFR 1.63(d)(2) and 1.33(b)

which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference

Assignee Name and Address:	Cisco Technology, Inc.
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	San Jose California 95134-1706

Certified copy of priority document
Request for Nonpublication
Information Disclosure Statement with Form PTO 1449
Copies of references listed on attached Form PTO-1449
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CLAIMS AS FILED							
For	Number Filed	Number Extra	Rate		Basic Fee \$710.00		
Total Claims	10-20		x \$ 18	=			
Independent Claims	5-3		x \$ 80	=	160.00		
Multiple Dependent Claim Fee			x \$270	=			
TOTAL FILING FEE					\$870.00		

Cancel in this divisional application	on original claims	of the prior			
application Serial No.	before calculating the filing fee	. (At least one			
original independent claim must be retained for filing purposes.)					

- A check in the amount of \$910.00 to cover \boxtimes filing fee (\$870.00) and \boxtimes assignment recordal fee (\$40.00) is enclosed.
- Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.



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Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.O.

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